

GUEST EDITORIAL

Sharpening the Focus of Research on In-Home and Community Care for Older Persons

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Reflecting trends in health and social policy, services, and care, this issue of *CJNR* focuses on in-home and community care for seniors. Building on the key messages of Volume 35, Number 4, published in 2003, the articles in this issue describe recent research contributions to the promotion of healthy aging, particularly emerging health and social policy and service agendas related to “aging in place.”

The importance of this direction cannot be overstated. Increasingly, Canada’s older citizens are aging in place. Over 90% of those aged 65 and over live in the community (Veniga, 2006). Residing at home optimizes older persons’ health (Cohen, Gottlieb, & Underwood, 2001; Public Health Agency of Canada, 2006), independence, control, and sense of well-being (Chappell, 2001), as well as their social connectedness, which positively influences health (Berkman & Glass, 2000; Holmes, 2003; Kawachi, 2000; Public Health Agency of Canada, 2006).

Yet several realities continue to impede this direction. Within the persistently biomedically and institutionally focused health-care arena, in-home and community-based care still suffer from underfunding of services, underfunding of research to inform the evidence-based evolution of policy and practice, and limited consideration of the importance of comprehensive coverage for services in these sectors. Recent attention to the home care sector has fostered acute-care substitution to offset institutional downsizing, redirecting scarce resources away from the maintenance and supportive care required by frail older people, much of it essential to keeping them in their own homes. This emphasis, coupled with the sustained biomedical orientation of services, has meant that care for such major mental health challenges as cognitive impairment and depression is minimal at best. Recent attention to primary health care reform has similarly missed the mark, the focus narrowed to the organization and delivery of physician services, with little consideration

given to the broader determinants of health, health promotion, and the important roles of in-home and other community-based care. Efforts to improve chronic disease management have fared no better. The movement has concentrated on the treatment of disease and self-care management, largely ignoring health promotion, secondary prevention, and *partnering* approaches between and amongst all professionals *and* people with chronic diseases.

The articles in this issue of the Journal sharpen the focus on health-oriented in-home and community care aimed at optimizing service quality rather than system efficiencies. In their Discourse contribution, Forbes and Neufeld plead for the long-overdue integration of medical, health, supportive, community, and institutional care, in order to achieve greater continuity of care relationships, and for more attention to chronic care management, social needs, health promotion, and prevention of disease and disability. In the Happenings column, Edwards and MacDonald call for new research and for knowledge translation partnerships with community agencies outside the health sector, identifying the research shifts and policy frameworks that might be targeted.

Two research articles address critical health challenges that undermine aging in place, namely dementia (Forbes et al.) and depression (Guirguis-Younger, Cappeliez, & Younger). Another two address health-care-delivery issues related to the broad determinants of health, in particular topics around service concerns in the sociocultural context of small-town Canada (Skinner et al.) and helping networks within home care (Cott, Falter, Gignac, & Bradley).

The findings of these studies, and the conclusions that can be drawn from them, point to the need for refinements to in-home and community-care policies and services for older people. Less than one third of Canada's elderly persons with dementia receive publicly funded in-home services, and just over one third receive privately funded services, while cost is ranked as the second-greatest barrier to receiving needed in-home care (Forbes et al.). A bibliotherapy intervention for treating depression amongst community-residing older people by engaging them as partners in their own care (Guirguis-Younger et al.) merits a much larger effectiveness trial and qualitative exploration of the interaction of feeling, thinking, and doing in achieving and maintaining health amongst those confronting this debilitating affliction. Discrepancies between the perceptions and the realities of health and social support in small Canadian communities invite attention to equitable access to services, the voices of older persons, and the uniqueness and diversity of Canadian communities (Skinner et al.). The fallacy of widely espoused notions of "teamwork," the traditions of hierarchical relationships, and the challenges of

physically isolated, solo service delivery in the home care sector are also apparent (Cott et al.), inviting further research to test models of team functioning and related client outcomes.

The contributors to this issue of *CJNR* role model the mentoring and shared programmatic research development that is essential to sustaining and growing the efforts of gerontology researchers to inform policies, services, and practices that promote healthy aging for all Canadians. The research approaches they have used are also instructive. The articles illustrate the use of a secondary analysis of a large national survey database (Forbes et al.), single-subject experimental design for the testing and refinement of interventions (Guirguis-Younger et al.), and qualitative methodologies for exploring perceptions versus lived experience (Skinner et al.) and patterns of social interaction (Cott et al.).

So how might we proceed from here? As reflected in the following pages, gerontology researchers do have evidence suggesting directions for refining the quality and scope of in-home and community care policies, services, and practices to meet the needs of older people. To fulfil this goal, however, we need to further develop and test strategies for knowledge translation, so that our current and future efforts lead to real change. We also need to design and seek funding for larger-scale studies on in-home and community care, remaining true to a broad understanding of health and a commitment to informing refinements to relevant, quality health and social services for older people residing at home. We especially need more studies testing innovative interventions and evaluations of alternative service and delivery models. To achieve these aims, we need to consciously avoid succumbing to systemic pressures to prioritize system cost-efficiencies and accountability for scarce resources, and to focus instead on how seniors are experiencing aging in place and what that means for policies, services, and care that optimizes their health, independence, and social connectedness.

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Guest Editorial

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